

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926763

FILING DATE

APPLICANT(S)

12/10/64 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		3
5		1		1		1
6		1		1		1
7		1		1		1
8		2		2		2
9		2		2		2
10		1		1		1
11		1		1		1
12		2		2		2
13		2		2		2
14	1		1		1	
15		1		1		1
16		1		1		1
17		2		2		2
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		2
22		1		1		2
23		1		1		1
24		1		1		1
25		1		1		1
26		2		2		2
27	1		1		1	
28		1		1		1
29		2		2		2
30		2		2		2
31		2		2		2
32		1		1		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		2		2		2
38		2		2		2
39		1		1		1
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48						
49						
50						
TOTAL IND.	3		4		3	
TOTAL DEP.	33		35		34	
TOTAL CLAIMS	36		39		37	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS